

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004737

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** APALACHICOLA VOLUNTEER FIRE DEPARTMENT AUXILIARY, INC.

**Current Principal Place of Business:**

180 4TH STREET  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 86  
APALACHICOLA, FL 32329

**New Mailing Address:**

**FEI Number:** 45-2075749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GETTER, MARISA  
180 4TH STREET  
APALACHICOLA, FL 32320 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GETTER, MARISA  
Address: 180 4TH STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: S  
Name: MCCOY, DONNA  
Address: P. O. BOX 86  
City-St-Zip: APALACHICOLA, FL 32320

Title: D  
Name: WATKINS, GEORGE  
Address: 50 11TH ST  
City-St-Zip: APALACHICOLA, FL 32320

Title: D  
Name: DAVIS, MEGHAN  
Address: 112 DEER PATCH LANE  
City-St-Zip: APALACHICOLA, FL 32320

Title: V  
Name: TAYLOR, JOE  
Address: 98 9TH STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: T  
Name: MOSS, PAULETTE  
Address: P. O. BOX 86  
City-St-Zip: APALACHICOLA, FL 32320

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARISA GETTER

P

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date